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I.

ACETATE OF MORPHIA IN VARIOUS DISEASES.*

Dr. Bardsley, in his "Hospital Facts and Observations, &c.," a work already quoted in this Journal, has entered somewhat largely on the use of the acetate of morphia in various diseases. He has found it particularly useful in cases of pain at the pit of the stomach, in pyrosis, in uterine diseases, and in neuralgia. Not having the work before us at this moment, we shall quote a few cases, as abridged in the Medico-Chirurgical Review for October last.

Michael Sharples, aged twenty-nine, an industrious man with a numerous family, had experienced much pain at the stomach occasionally for several months; and so severe had it been for the last three weeks, that he could not follow his usual employment. His spirits were low, appetite gone, and bowels costive. Leeches and a blister had been tried. The bowels being opened by purging medicine, a quarter of a grain of the acetate was given three times, daily, with excellent effect. In five weeks he was discharged cured, but he subsequently applied with a relapse, which was combated successfully by the same plan of treatment.

We will cite another case.

A young man had suffered, for some months, from such a gnawing pain at the stomach, that he could not continue his occupation, was reduced to poverty, and at last attempted to poison himself by laudanum. After a short course of aperients, Dr. Bardsley gave half a grain of the acetate twice, daily: so much relief ensued that the dose was diminished; and after the expiration of several weeks, he perfectly recovered both his mental and bodily strength.

In the only case of pyrosis which Dr. Bardsley details, the patient, a female, aged twenty-six, had always been delicate, but suffered severely, for the last two months, from gnawing pain at the pit of the stomach, copious discharge of an acid fluid from the mouth, flatulence and capricious appetite. After castor oil, the acetate was prescribed—a fourth of a grain, twice daily; and in six weeks the patient was discharged cured.

It is not to be supposed, however, that Dr. B. regards the acetate of morphia as a sovereign remedy in all cases of dyspepsia. So far from this, he alludes to several cases of the disease in which the remedy was productive of little or no relief. This is exactly what we should have anticipated, from the known effects of the remedy, and the diversity that exists in the nature and characters of dyspepsia. Dr. B. does not appear to think as favorably of *opium* in stomach complaints as the morphia; and among the cases he details, we notice some in which the former of these remedies had been used ineffectually, before Dr. B. resorted to the latter. In our own practice, we have seen opium very useful, and even completely successful, in that complaint. In all such cases, the pain recurred after eating, and continued so long as the articles ingested remained in the stomach. Under such circumstances, a small dose of opium, given half an hour before meals, and repeated during a week or two, sufficed to effect a cure. It is very plain that in these cases the pain was nervous, and not the result of inflammation, and that care was taken to ascertain the true nature of the disease before resorting to this plan of treatment.

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* From the N. A. Med. and Surg. Journ.

Dr. B. has used the same remedy, with palliative and remedial effect, in scirrhus and induration of the uterus, and particularly in painful menstruation. In a case of the latter disease, he ordered the patient "to take a quarter of a grain of the acetate of morphia on the first accession of pain, and to continue this proportion every half hour, whilst it was violent. The second dose afforded her very great relief, without in the least suppressing the discharge;" and at the time Dr. B. was writing, she took the morphia at every monthly period, with the same advantage.

Nor did Dr. Bardsley use the morphia with less advantage or success in neuralgia of the face, forehead, lower jaw, &c. In all these cases, the remedy was administered internally. On the subject of this remedy, Dr. B. makes the following general remarks:—

"The above examples seem sufficient to establish the remedial efficacy of the acetate of morphia in several affections. It must be allowed that morphia has not always answered the intentions with which it had been employed; but the proportion of the favorable cases has been considerable, compared to those in which it has failed. I have never witnessed any *pernicious consequences* from a prudent use of the morphia. I am led to recommend the acetate of morphia in preference to opium, from a conviction that its efficacy may be equally relied upon, whilst its administration will be unattended by the *distressing headach, excessive constipation, and other unpleasant symptoms*, which that drug in large doses mostly induces. It appears to be the chief advantage of morphia, that it may be employed in those cases in which it is desirable to obtain a narcotic effect, and at the same time of the first importance to avoid constipation. It is proper to unload the bowels before commencing with the acetate, so as to give the remedy a fair chance. It is prudent to commence with not more than a quarter of a grain, which may be gradually increased to half a grain, a grain, or two grains, according to the urgency of the symptoms and the effects produced. These doses are applicable to adults. I have mostly prescribed it in this form of pill, which seems to answer very well."

II.

SOFTENING OF THE UTERUS.

THE following account of this diseased condition of the uterus, we extract from a very excellent review of the publications of MM. Tonnellé, Duplay, Dance and Luroth, on puerperal fever, uterine phlebitis, and softening of the uterus, contained in the October number, 1830, of the Edinburgh Med. and Surg. Journal.

In its incipient stage, softening of the uterus, according to the observations of Luroth, consists in a serous infiltration of the substance of the organ, in consequence of which the parietes become extremely flaccid, and are very easily cut. The color, however, is not materially altered, and although the inside of the uterus is usually lined by an exceedingly fetid pulp, this is no proof that the softening of the parietes is allied to gangrene or putrefaction, for the same fluid is sometimes found when the substance of the uterus is sound ; and when the two appearances occur together, a little care will enable the dissector to ascertain that the odor does not necessarily adhere to the softened uterus. This form of the disease appears not to have been observed by M. Tonnellé, and it is certainly rare, when compared with what M. Luroth considers its more advanced, but M. Tonnellé its first stage ; where the texture of the uterus is softened almost to a pulpy consistence, like an apple which has begun to decay, and consequently tears in the fingers when it is raised, or breaks down into pulp when squeezed between them. Softening of the uterus, of the latter kind, has been extremely common in all the epidemics of puerperal fever, which have been observed in Vienna and in Paris. It is sometimes partial, being confined either to patches of the uterus, or more frequently to a thin layer of its entire inner surface; but very frequently it is quite general, and affects the whole extent and thickness of the parietes. The color of the texture is sometimes unaltered, sometimes rather paler than natural, occasionally rather darker. The smell of the softened parts is not putrid ; but it requires some care to satisfy one's self of this, as the disease is always attended with a horribly fetid effusion on the inner surface. The parietes are sometimes thickened and spongy, but at other times they are attenuated, or, as it were, *atrophied.* In its extreme degree, softening becomes the *putrescence* of the uterus of Boer and other German pathologists. Even then the tissue of the parietes has not a putrid odor ; for the overpowering putrid smell exhaled by the organs of generation, according to Luroth, is still owing entirely to the dark pulp which lines the inner surface. This circumstance, which seems to have been overlooked, not only by Boer and his countrymen, but likewise by M. Tonnellé, led to the name by which this, the highest degree of softening, has been generally known, and likewise to the notion entertained by some that it is of the nature of gangrene. Even in its worst form, softening of the uterus was sometimes produced, like suppuration of the veins, with a rapidity for which it is extremely difficult to account, unless we adopt the opinion of Boer, that it commences before delivery. In one of M. Tonnellé's cases, the patient, two days after an easy delivery, was attacked with the first symptoms of mischief, and died in twenty-four hours; yet the whole thickness of the uterus, over two-thirds of its extent, was reduced to a brown pulp, destitute of every trace of organization, and capable of being crushed between the fingers with the greatest facility. Among the two hundred and twenty-two cases of puerperal fever examined by M. Tonnellé, there were forty-nine in which the uterus was found softened; and among these the softening was superficial in twenty-nine, but deep in no fewer than twenty. When the softening was superficial, it was generally also in scattered patches only. When deep, it commonly affected the whole of the organ. Superficial softening was always accompanied with some other affection, such as peritonitis, simple metritis, or inflammation of the uterine veins. The same was also generally the case in the instances of deep softening; but frequently the softening of the uterus was evidently the chief disorder, and in some instances it existed alone. It was obviously connected with very marked typhoid symptoms, in every instance where the disorder was extensive and advanced, even when no other pathological change concurred with it.

The opinions of the authors who have noticed softening of the uterus, are much divided as to its nature. Some, as M. Duploy, consider it always the consequence of inflammation, and a few even view it as nothing else than gangrene. Luroth and Tonnellé, however, contest the accuracy of the last doctrine, and with some success. Decided gangrene of the uterus is always, as Luroth observes, preceded by acute inflammation, which is seldom remarked in the worst cases of uterine softening: in gangrene the parietes are unnaturally thickened, which in softening is far from essential: in gangrene there is an inflammatory circle or other boundary, which limits exactly the mortified part, while in softening there is no such circle, no exact boundary, but a gradual passage into the surrounding firm texture; and in gangrene there is a peculiar odor of the diseased tissue, but in softening no such odor is remarked, if care be taken to remove the inner pulpy layer. The question of the origin of softening of the uterus in inflammation, is a much more doubtful one. Most of the authors who have noticed it, consider that in some cases inflammation is its cause, because, in its slighter degrees, it is always attended with other unequivocal indications of simple metritis, peritonitis, or phlebitis. They do not, however, conceal the difficulty thrown in the way of this doctrine by the circumstance, that, in its extreme degree, softening is not preceded by any obvious signs of inflammatory action; and generally, that the antecedent inflammatory reaction bears no relation whatever to the extent and degree of the softening. We may remark, in general terms, that from the analogy of other effects of inflammation, such as the gangrene, suppuration and infiltration, which follow spreading cellular inflammation, the difficulty here stated does not appear a very insurmountable one. M. Tonnellé is disposed to consider the inflammatory appearances as secondary, and that softening of the uterus is, in the first instance, unconnected with inflammation, and probably dependent on a morbid state of the blood. Softening of the uterus is observed most generally after delivery; but Boer and his countrymen have rendered it not improbable, that general softening of the uterine parietes occurs in an inferior degree during pregnancy, and may be the cause of the subsequent development of putrescence of the uterus after delivery, as well as of occasional rupture of the uterus during labor, and likewise of the death of the fœtus during the latter months of utero-gestation.—*Ib.*

III.

DISORGANIZATION OF THE EPIDERMIS OCCURRING IN NEWBORN INFANTS.

A VERY important disease occurring in newborn infants, according to Jœrg, in his work *Uber die Kinderkrankheiten*, page 310, is one characterized by a peculiar morbid condition of the epidermis, causing the latter to be detached, upon the slightest touch, from the palms of the hands, the fingers, soles of the feet, toes, and frequently also from the entire surface of the body. Dr. Jœrg has, however, only seen one case in which this condition of the epidermis extended over the whole surface : it was in an infant born at the full period, and very vigorous. He has met with it most generally on the hands and feet. In every case, he was convinced that the mother had been affected, during pregnancy, with syphilis. None of the infants affected with this disease survived over four or five days, and though born at the full period, they were almost always meagre and feeble. The parts despoiled of the epidermis became inflamed, which, in addition to the extreme feebleness of the infants, is the chief cause of their speedy death. Dr. J. expresses entire ignorance as to the exact nature of this disease. The morbid condition of the skin upon the hands and feet, is frequently accompanied with a pustular eruption on different parts of the body, the form and appearance of the pustules differing essentially from those of smallpox. They resemble, however, the vaccine vesicle at about the twelfth or thirteenth day. The author has been unable to form any opinion as to the nature and progress of this eruption, in consequence of the short time during which the infants affected with this singular disease survived.—*Ib.*

IV.

ON THE COMPOUND SYRUP AND FLUID EXTRACT OF SARSAPARILLA.

WE take the following very interesting and important notice from the Philadelphia Journal of Pharmacy. The paper was first read before the College of Pharmacy by its author, William Hodgson, Jr., and, with numerous other articles published in the same Journal, it affords strong and gratifying evidence of the practical advantages which must result from such an Institution, composed of scientific men, and conducted in a liberal and spirited manner.

Since the publication of Dr. Hancock's paper in the Transactions of the Medico-Botanical Society of London, and which was copied into the Journal of the Philadelphia College of Pharmacy (vol. i., p. 295), there can remain little doubt that the frequent inefficacy of the Sarsaparilla arises chiefly from the careless or the erroneous manner in which it is generally prepared. Of all the forms in which this important remedy has been exhibited, perhaps none has obtained so little justice in its preparation, and consequently in the estimation of those who have to judge from its remedial effects, as the syrup. It is now generally conceded, by those who have paid any attention to the subject, that the effective principle of sarsaparilla, like that of many other vegetables, is entirely destroyed by long exposure to a boiling heat; yet all our authorized formulæ for the preparation of the syrup are liable to this objection. As far as my knowledge extends, they all direct it to be made by decoction in water, or by long-continued hot infusion; and we have invariably, in consequence, two evils to endure—the presence of a large quantity of feculent and mucilaginous matter, which causes rapid decomposition; and, what is still worse, the absence of nearly all the active principle of the root, which has indeed been effectually *stewed down*. The French Codex, for example, directs two pounds of the roots to be infused for twenty-four hours in twelve pounds of warm water, then boiled a quarter of an hour, and the residuum submitted to another, and still another boiling, with ten pounds more water each time down to six. The mixed decoctions are then to be again boiled, with the senna, &c., down to one half; after straining, the sugar and honey are to be added, and the whole boiled a fifth time, in order to form the syrup! Swediaur, in his *Pharmacopœia Medici Practici Univercalis*, orders to boil the sarsaparilla twice in successive portions down to one third (nine pints down to three), and repeated; then to infuse the senna, &c.; and afterwards to boil again with the sugar and honey. The Antwerp *Pharmacopœia Manualis* directs the root to be infused in hot water for twenty-four hours, the infusion stewed down to one third; this operation repeated twice with the dregs; the mixed liquors then reduced to one half; the herbs infused towards the end of the evaporation; and lastly, the sugar and honey to be boiled to a syrup in the infusion. It would be tedious to particularize further the various formulæ for this preparation, which are more or less similar to those I have detailed. The American Pharmacopœia of 1820 differs in no essential point. The London College has no compound syrup, but directs the simple to be made by maceration of the root in boiling water for twenty-four hours, evaporation to one half (which must be done by continued boiling), and, lastly, boiling and evaporation again after the addition of the sugar, to form a syrup of proper consistence. The boiling point of such a compound being higher than that of water, subjects it to an obvious additional disadvantage. Indeed, by a strange mistake, it seems to have been generally taken for granted, that long boiling was the best, instead of the worst, mode of extracting the active principle from the sarsaparilla. Can we therefore be at any loss to account for the fact, that our *sirop de cuisinier* has none of the sensible properties of the sarsa, and often requires the assistance of mercury to give it any effect whatever?

To obviate the disadvantage of so inert a preparation, I determined, some months ago, to try a different process, and I have obtained a syrup, which has in perfection the characteristic acridity of genuine fresh sarsaparilla, and discovers no tendency to fermentation through the hottest part of our summer. The following is the formula, which I can confidently recommend for general adoption.

R. Rad. sarsaparillæ contus. lb. ij.
Rad. glycyrrhizæ contus.,
Fol. rosæ rubræ,
Fol. sennæ, āā ℥ ij.
Ligni guaiac. rasi, ℥ iij.
Spir. vini tenuioris. Ox.

Digest for fourteen days, at a

common temperature; then strain, express, and filter. Evaporate the tincture by a water bath to four and a half pints (so as to get rid of the alcohol), then add, white sugar, lb. viij., and form a syrup, removing it from the fire as soon as the sugar is dissolved. When cold, add

Ol. anisi, gtt. vj.
Ol. gaultheriæ, gtt. iij.
Ol. sassafras, gtt. vj.,

previously rubbed down gradually with a little of the syrup. From these quantities I obtained seven pints of syrup, possessing, as I have said, the double advantage of the perfect extraction and preservation of the active principle, and the absence of any fermentable matter.

A somewhat analogous preparation of the sarsaparilla has lately been introduced into practice, under the name of the Compound Fluid Extract, which, if properly prepared, would contain the sarsa in a concentrated state, but which has hitherto suffered the same fate as its milder relative, the syrup. It has generally been prepared by evaporating the compound decoction and adding a little sugar; and consequently shares the disadvantages of that preparation in a still greater degree.* Applying to this preparation the principles on which I made the syrup, I have obtained a compound fluid extract of a very superior quality, and possessing in an eminent degree the active properties of the sarsaparilla. The following is the process:—

R. Rad. sarsaparillæ contus. ℥ xvj.
Rad. glycyrrhizæ contus.,
Ligni guaiac. rasi,
Cort. rad. sassafras, āā ℥ ij.
Cort. rad, mezerei, ʒ vj.
Spir. vini tenuioris Oviij.

Digest for fourteen days, at a common temperature; then strain, express, and filter. Evaporate the tincture in a water bath to twelve fluid ounces; then add of white sugar ℥ viij., and remove from the fire as soon as the sugar is dissolved. Where the quantity made is considerable, it may be worth while to preserve the alcohol for future operations, by distilling instead of evaporating it. During the process, a small quantity of resin separates by adhesion to the sides of the vessel, and which appears to be merely from the wood of the guaiacum. We have here a preparation, a fluid drachm of which contains in perfection the active principle of a drachm of sarsaparilla, and of which two fluid ounces are equal in strength, and similar in composition, to what one pint of the compound decoction of the Pharmacopœia would be, were it possible to prepare it without more or less destroying the active principle of the sarsa.

V.

ITCHING OF DELICATE SURFACES.

Dr. Ruan, a Parisian physician of celebrity, in a communication to Professor Hufeland, of Berlin, states, that he has succeeded in some distressing cases of incessant itching of parts of the body, covered with skin of very delicate structure, after opiates and internal and external remedies had totally failed, by the exhibition of the balsam of copaiva in the dose of twenty-five drops three times a day. In two cases, in which it failed, a solution of the borate of soda (a drachm to half a pint of fresh elder-flower water), used as a lotion, was employed with success. In another case, a permanent cure was obtained by sprinkling the parts, which were excoriated by scratching, with a powder composed of starch and the levigated carbonate of zinc.

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* If the decoction is so materially injured by the long boiling to which it is subjected, what must the common extract of the pharmacopœia be but totally inert? Yet a medicine, bearing the title of Compound Fluid Extract of Sarsaparilla, is extensively made in this city, chiefly from the common German extract, strongly flavored with liquorice and sassafras, which disguise its total want of the flavor of sarsaparilla. It is put up in six ounce bottles, containing half an ounce of the extract, and enveloped in a wrapper, flowing with high encomiums on its "invariably salutary and beneficial effects," and containing the proprietor's signature as a "caution" against "ignorant imitations" of so truly invaluable a remedy!

Dr. Dewees, in his Treatise on the Complaints of Females, has noticed a few cases of this most distressing malady, in which balsam copaiva and a lotion of the borate of soda speedily and perfectly succeeded.

This disease is probably a variety of chronic erysipelas, differing from that of the skin of the face, neck, and chest, from the peculiar delicate texture and secretion of the parts in which it occurs. It is a curious fact, that a topical application, which in one case has had a speedy effect in curing it, in another, apparently exactly similar in every respect, will often aggravate the disease. Generally speaking, we have found the constant application of a solution of acetate of lead with acetate of morphine in fresh elder-flower water, with attention to the stomach and bowels, and the internal use of the blue pill and extract of cicuta, to succeed. In some obstinate cases, the ointment of the prussiate of mercury has had a very happy effect, having succeeded in effecting a cure in the course of a few days. After rubbing a little of this ointment over the surface, it should be applied, spread on fine lint, so as to prevent the surfaces coming in contact. In cases of long standing, the cuticle is so much diseased, that no lotion or ointment can succeed till it has been destroyed by a weak solution of nitrate of silver, which, so far from increasing the irritation, considerably allays it. We have met with cases which were aggravated by oily or greasy applications, and by lotions, which gave way to the frequent application of a mixture of plain hair-powder, carbonate of lead, cicuta powder, and a small proportion of hydrosublimed calomel.

Gaz. of Pract. Med.

VI.

CALOMEL IN SYPHILIS.

For the Boston Medical and Surgical Journal.

Mr. Editor,—I had the pleasure of reading, in one of the late numbers of your valuable publication, a series of remarks on the modus operandi of medicine, which appeared to me well worthy of being attentively considered, and followed up by new and careful observation. The leading idea there advanced was, if I mistake not, that the beneficial action of many articles, perhaps of most, in the materia medica, could be more conveniently referred to a counter-irritation, by which the morbid tendency in the system was checked, than to any other mode of action. One of the articles mentioned in illustration of this idea, was, if I recollect, calomel; the Protean character of which as a therapeutic agent is such, that, unless we consider it endowed with an actual intelligence of the necessities of the system in each given case, there seems no other mode left of accounting for the number and variety of its remedial effects. My interest in this subject has led me, since that time, to compare the phenomena resulting from the exhibition of this article, with the theory in question; and the result is, that I find myself irresistibly compelled to believe in its correctness. My object, at present, is not to state the grounds of this belief; but to suggest some ideas, founded on this theory, in regard to the use of calomel in one of those cases in which it is most frequently employed—I mean syphilitic bubo.

It is not my intention to enter at any length into the question, whether, and by what means, mercurial medicines form an antidote to syphilitic disease. I confess myself equally unable to comprehend the chemical process, described by some authors, according to which this medicine enters into and purifies the circulating fluid, or the evacuant theory of others, which represents the virus as being fairly washed out of the system through the salivary glands. That, under some forms, and in many circumstances, the disease is cured by mercurial treatment, is, I think, as fully proved, as a point of this sort is capable of being proved. I can, however, see nothing distinctly in this effect of mercurials, different from their operation as a powerful stimulant, and as transferring the irritation from the part affected, to those surfaces and textures on which it is found peculiarly to act. Now, in the case of bubo, there are two periods, in each of which the question as to the propriety and the amount of mercurial treatment distinctly presents itself. The first is, that in which the glands are enlarged and painful, but in which we still hope to obtain resolution. The second is, that in which suppuration is commencing, and in which the dispersion of the tumor, if possible, is yet very unlikely to happen. If we may believe the standard authors on this subject, mercury, in both cases, is the only remedy. "The resolution of these tumors," says Mr. Hunter, "depends principally on mercury, and almost absolutely on the quantity which can be made to pass through them. When suppuration has taken place, the cure depends on the same circumstances." Much to the same purpose, though not expressed in terms so decisive, might easily be quoted from other authors. To this view of the subject, however, I confess myself wholly opposed. The process by which the tumor proceeds to suppuration, and that by which the matter finds its way to the surface after its formation commences, appear to me to be as different in their nature as health and disease themselves. If, during the first, it is our duty to oppose the apparent tendency of the disease, it becomes not less so, in the second, to promote it. I would, therefore, in the first, prescribe low living and calomel, in the hope of producing, if possible, a change of action in the system; while, in the second, I should endeavor, by forbearing the use of any but the gentlest medicine, and enjoining a liberal diet, to encourage and assist the efforts of nature. The effect of giving calomel in this stage of the disease, must be, I think, to embarrass a process which is absolutely necessary, to render the cure more tedious, to aggravate the sufferings of the patient, and to impair his constitution. Nor are these conclusions, Mr. Editor, merely theoretical. In several cases which it has been my fortune to treat, I have faithfully followed up the mercurial treatment, after suppuration had commenced, without any apparent benefit; and when, induced by the failing strength of my patient, and the seeming inutility of the medicine, I have discontinued it, it has surprised me to remark how much more rapidly the abscess would advance to maturity, than during the time it was exhibited. Whether the eventual cure would have been more complete in these cases, and the patients less liable to secondary symptoms, had the constitutional treatment been persevered in, is a question too complicated in its general form for me to attempt to decide. It involves, in fact, the considerations both of the specific nature of the disease, and the specific character of the remedy—on neither of which points do I feel prepared to pronounce a decision.

In the above views, whether just or otherwise, I doubt not I have been anticipated by able practitioners; but I find myself confirmed, in regard to their correctness, by recollecting some valuable remarks of Mr. Broughton, an English surgeon, published in the London Monthly for July, 1829, and in part transferred to your pages shortly after. Mr. B. indeed recommends the treatment of bubo to be independent of the consideration of its cause; and condemns the use of mercurial medicine at every stage of its progress. This seems to be going too far and too fast in the road of improvement; but in regard to the difference of the *general* treatment in the two stages of this disease, I am happy to adduce the opinions of this author as entirely confirmatory of my own. "In the secondary state," he observes, "a generous diet, regular mode of life, and good air, are as essential to the patients, as are a low diet and reducing measures in the primary state." If this be really the indication after suppuration has commenced, the use of mercurial medicine is plainly contra-indicated; since it would be impossible to combine this treatment, in any considerable degree, with the indulgences alluded to. Indeed, so sure is its effect in impairing the digestive powers, that one of the most serious difficulties we meet with, in subjecting a patient to a mercurial course, is to induce him to forego all those articles of food, which, though perfectly harmless under ordinary circumstances, become, at these times, the fruitful sources of pain and danger.

Yours, &c.

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STRABISMUS.

The common opinion in regard to the cause of this defect, as is well known, attributes it to a difference in the powers of the two eyes, in consequence of which the individual contracts the habit of using one eye only, the other being allowed to wander without any particular direction, and without aiding or impairing the vision of the first. In accordance with this view, it has been frequently remarked, that when the sound eye was closed, the direction of the optic axis of the other was immediately changed, the eye being so turned as to see the object. The practice usually recommended and adopted for this complaint, is founded on the same pathology. It consists in permanently excluding the light from the stronger eye, and thus making vision dependent on the other, until by use its powers are confirmed. Instances of cure, however, by this or any other mode of treatment, are very rare. In childhood, the importance of the object to be attained is seldom so realized by the patient, as to induce him to submit, for the requisite period, to a great inconvenience; and in after life, the effect of a plan which interferes with such long-established habit, must be very slow and tedious. It has however been denied, by some, that the pathology above given is the true one. The great objections to it are, that strabismus is very frequently congenital, and therefore cannot well be regarded as arising from a cause the operation of which must be gradual; and, secondly, that in certain complaints attended with diminution of the visual power in a single eye, as amaurosis, for instance, strabismus is not observed to follow. A late French writer on this subject, Dr. Pravaz, thinks that the affection is owing to a disturbance in the refracting power of the humors, such, that when the eye is directly turned towards an object, the image is formed on the insensible part of the retina, and that the eye is turned in order to compensate for this defect; such a disturbance, as he thinks, may arise either from an unusual position of the lens with respect to the pupil, or from any disease in the vitreous humor which would cause its density, and consequently its refracting power, to vary in different parts. Considering the cellular structure in which this humor is contained, it seems by no means impossible that the secreting vessels, which furnish some of these, may, from some accidental cause, produce a fluid of different quality from that which is oured into others, and the rays, in passing through the altered medium, be diverted from their usual course. In the case of morbid position of the lens, the eye would be turned, in order that the rays might fall on this part in a different direction, and be thence refracted on the luminous part of the retina.

There is certainly some force in the objection to the common theory that squinting may be, and often is, a disease of infancy. In truth, either from imitation, or in accordance with that singular law which visits the personal defects of parents on their offspring, the affection is often found to be hereditary. Yet, even in these cases, it is impossible to deny that the proximate cause may be that difference in the powers of the organs above alluded to; since it cannot be determined how long a time would be necessary for this cause to take effect. As respects the objection drawn from amaurosis, it does not, on the whole, appear very important. This affection is commonly supposed to consist in a partial or total insensibility of the nerves of the retina. In both cases, a true image is formed on the retina itself; but in one no impression, and in the other a feeble one, is conveyed to the mind. In neither case, however, is there any reason to believe that this image has any tendency to render less distinct the impression derived from that on the sound eye. Even in the case of total blindness of one eye from this cause, the visual axis of the organ might continue to be directed toward the object, either from habit, or from the natural tendency of the two eyes to act in concert. The affection which produces strabismus, although its nature is somewhat obscure, is certainly not an insensibility of the retina. If it were so, vision would be always impaired, and sometimes destroyed, by covering up the sound eye in the manner above mentioned. On the contrary, we find that the vision of the affected eye is often perfect in these cases, though maintained with considerable effort. On the other hand, if the individual affected with strabismus direct both eyes to the same object, the vision which follows is usually confused. These circumstances would tempt us to refer the nature of the debility which causes strabismus to inactivity or atony of the muscular structure, in consequence of which, as in old age, the rays may tend to a focus beyond the retina, and the image formed on this be confused and deceptive. But whatever be the true nature of the affection, as it is perfectly distinct from amaurosis in its character, so neither could this be expected to give rise to the same symptoms. That none of the obvious affections of the eye in adults should be followed by strabismus, is a circumstance well worthy of remark, though we are not certain that it militates more strongly against the common explanation, than against that above given.

In view of the considerations suggested, we are disposed to believe that the proximate cause usually assigned for strabismus, is, in the majority of cases, the true one: yet it by no means follows that other causes, of a more strictly mechanical character, may not occasionally exist. Such causes have indeed been recognised by most, if not all, ophthalmic writers; and among the varieties of strabismus, we usually find one described as of organic origin. To point out with confidence the nature of these organic changes, is not so easy a task. Almost any change of structure we can suppose in the refracting humors of the eye, would either be such as might produce total blindness, or would give rise to some peculiar symptom, wholly distinct from that now in question. The alterations suggested by M. Pravaz, as above mentioned, are both open to these objections. Supposing the lens to have its position altered with relation to the pupil, we cannot see how any motion of the eyeball, by which both iris and lens should be turned, would remedy the evil. The optic axis would, by such a movement, be directed to a different object; but the manner in which the rays from that object would fall upon the organ, must be the same as before. So also as regards a change of density in the vitreous humor. Such a change, if general, would doubtless increase or diminish the refracting power of the organ; if partial, would produce a double or confused image: but in what manner these difficulties would be obviated, by directing the eye to a different object from that intended to be seen, we are unable to perceive. Such a doctrine may be in accordance with the true principles of natural philosophy;—it seems to us to savor more of a love of novelty, and of that fondness for theory which is still unhappily the characteristic of our profession. The structure of the eye, even in health, is not to be understood without some study;—the precise changes which this structure undergoes, from the various diseases with which it is visited, will, many of them, as we apprehend, be ever concealed from the restless curiosity of man.

PREVENTION OF ABORTION.

An intelligent physician at Alabama, has been successful in carrying a patient through the usual term of gestation, in whom a tendency to abortion existed in an excessive degree. In the course of nine years, her hopes had been disappointed ten or eleven times, and always at about the fifth month. Numerous medical gentlemen of the highest eminence had been consulted, and a great number of methods been resorted to, to prevent the recurrence of the accident; but all to no purpose. Yet her constitution was strong, and the confinement consequent on miscarriage, always short. The course which finally succeeded was, the internal use of tincture of cantharides so as to keep up a constant strangury. The lumbar region over the spine was also kept excoriated by the terebinthinate decoction of cantharides. When the strangury was very painful, these remedies were intermitted, and the usual means of relief resorted to, and then the medicine was resumed. This is a case of great interest, and, to the practising physician, of the utmost importance.

Egyptian Surgery.—There are several interesting accounts, in the French Journals, of surgical operations of magnitude performed at the hospital *Abon-Zabel*, in Egypt. Among them we notice the ligature of the common iliac for an aneurism, in the diagnosis of which the stethoscope was used. The patient was well in a month.

Another operation which was successful, was amputation of the arm at the shoulder joint. M. Clot, the Surgeon of the Hospital, describes the last case in the following terms:—

I employed the method of Lafaye, as modified by Richerand, and consequently dispensed with the compression of the axillary artery. The patient being seated in a chair, with the arm extended horizontally, I took a long bistoury and made an incision from the inner part of the acromion, going downwards perpendicularly about four fingers breadth, and then a second, extending from the posterior part of the apophysis, and of the same size as the first. I next united these two incisions by a cross one, and dissected off the flap down to the humerus. I then divided the tendons and the capsule, and took out the head of the bone with great facility; finally the artery was divided, and tied in a moment. The whole occupied but a few minutes. I found the glenoid cavity rough, and stripped off its protecting cartilage, with a large portion of it in an unsound state: this I removed with a gouge and mallet, and, before laying the flaps in apposition, took away also a bundle of diseased glands that were situate on the anterior border of the axilla. The flaps were closely united with straps of sticking-plaster, and a suitable bandage. The patient was then put to bed, and ordered some ether draught, with an infusion of linden.

Living Skeleton.—A new living skeleton is advertised in Paris, which we judge, from the description given in the journals, to be the same who exhibited himself in this city, and of whom we gave some account, Vol. 3, page 68, and who returned to this country last week, "after an interesting tour in Europe." A correspondent of the Medical Gazette of London, thus describes this phenomenon :—

There is a new *anatomie vivante* at present in Paris. I went to see him the other day, and an extraordinary sight he is. Only think of a man of forty-two, measuring in height 5 feet 3 inches, and weighing not more than 4 stone (or 56 pounds) English—a most pitiable object altogether, though he affects to possess some muscular force, and is reputed to have been the father of four children, three of whom are living, but in too good case to be easily looked upon as the offspring of so miserable a wretch.

Dangerous Accident from the Escape of Gas.—During the night of the 18-19th of December, the gas by which the Hospital of St. Louis is lighted became suddenly extinguished in one of the wards, where some workmen and convalescents sleep ; after a short interval, however, the supply of gas being renewed, it flowed through the pipe into the room. The aperture was at the end of the ward, and at the height of about seven feet from the ground. At the same time, by accident or neglect, a brazier, containing ignited charcoal, was left in such a situation as also to diffuse its product through the room. M. Sabatier was called, about one o'clock, to visit a young man whose bed was near the door of the apartment, and who, having had occasion to go to stool, rose for that purpose, when he was seized with vomiting immediately, and fell down senseless. This accident had occurred about an hour before M. S. was called ; he could then speak with some difficulty, his pulse was frequent and compressible, he complained of weight in his head, and did not feel pain when pinched in various parts of the body. The air of the room had already been renewed by opening the windows. It was evident that he was improving, and that fresh air only was required to complete his restoration. M. Sabatier made him inhale a weak solution of chloride of lime, and next day he was able to go to his work. This person, however, was not the only one who suffered ; all those in situations exposed to the gas were seized with headach, nausea, and vomiting. The day after, eight still had headach, but only one retained the nausea.—*Journ. Hebd.*

Odoriferous Troches for Fumigation.—Take of

Benzoin in tears, 1-2 oz.
Storax calamita, 4 sc.
Dry balsam of Peru or Tolu, 2 dr.
Cascarilla, 4 sc.
Cloves, 1-2 dr.
Powdered charcoal, 1 1-2 oz.
Nitrate of potassa, 1 dr.
Volatile oil of orange flowers,
Tincture of ambergris, āā 1-2 dr.
Mucilage of gum tragacanth, q. s.

Form the whole into a paste, and shape it into little cones or triangular nails, about an inch high. Preserve them dry. By applying fire to the extremity, they burn without flame, spread an agreeable perfume, and may be used to fumigate the chambers of the sick.—*Virey's Pharm.*

Almond Paste for the Hands.—Take of

Almonds, sweet, 4 oz.
do. bitter, 4 oz.
Lemon juice, 2 oz.
Water, 1 oz.
Oil of sweet almonds, 3 oz.
Brandy of 19 or 20 degrees (B.), 6 oz.

The mass remaining after the emulsion of almonds has been made, may be employed for this purpose, though the perfect kernels are the best. To the almonds broken, are to be added gradually the lemon juice and oil, and afterwards the spirit to prevent fermentation, and the appearance of insects, which are very fond of this compound. It must be preserved in a covered vessel, and a small piece employed to wash the hands or face. It is said to render the skin very white and supple.—*Ib.*

Fatal Effects of Castor Oil on a Horse.—A case has recently occurred in England, in which the death of a horse was evidently produced by the effects of a quart of castor oil given as a purgative. It operated powerfully: but the animal soon died. On examination, a large intro-susception of the jejunum was discovered, and the mucous membrane of the stomach and intestines exhibited marks of severe inflammation.

Employment of Ice in Infantile Ophthalmia.—M. Rust states, in his Magazine, vol. xxx., that the application of ice has been very serviceable in the beginning of this disease, particularly when the inflammation is principally seated in the eyelids, and they are much tumefied.

Acoustic Chair.—Mr. Curtis, the well-known aurist, has invented a chair with an acoustic barrel and tubes, something on the principle of the Invisible Girl, for the benefit of the deaf and the old persons who are hard of hearing, and who, while sitting in it at their leisure, may hear conversation or reading in a low tone of voice, carried on by an individual in any part of the room. By means of pipes, also, a person whispering in a distant apartment can be distinctly heard. We have ourselves been seated in it, and were astonished at the ease with which we could distinguish the different voices of those engaged in conversation in an under tone, and also a tune played by a small musical box—which was as audible as if it had been standing on the table before us—in a room separated by a hall, &c., from the one in which the chair is placed. Upon the whole, we consider this invention as one of the most ingenious applications of the principles of acoustics with which we are acquainted.—*Lond. Lit. Gaz.*

Death by Asphyxia.—A very melancholy accident occurred in this city last Friday night. A man attached to one of the *night carts*, descended on a ladder into a vault, for the purpose of bailing out its contents. The vault was deep, and before he came within reach of the material, the mephitic air of the vault deprived him of sensibility, and he fell in. One of his fellow workmen, in descending to extricate him, suffered the same fate; and two others, in succession, were subjected to the same horrid accident. After a time, the neighborhood was raised, and all four taken out of the vault. Abundance of medical aid was very shortly at hand, but was exerted to no purpose on *two* of the unfortunate men. The two others were revived, and sent to the Hospital, where they will probably recover.

Whole number of deaths in Boston the week ending March 18th, 28. Males, 13—Females, 14. Stillborn, 3.

Of consumption, 11; croup, 3; drowned, 1; disease of the spine, 1; inflammation in the head, 1; infantile, 2; lung fever, 1; old age, 3; typhous fever, 1; ulcer, 1; unknown, 3.

ADVERTISEMENTS.

COPARTNERSHIP NOTICE. JOHN COTTON and DAVID CLAPP, JR. have taken HENRY S. HULL into copartnership, and the printing and publishing business, which has heretofore been conducted at 184 Washington St. in the name of JOHN COTTON, will be continued under the firm of CLAPP & HULL.

D. C. and H. S. H. will give their personal attention to Book and Job Printing, of every variety, which will be neatly and correctly executed, upon reasonable terms.

⁂ Booksellers and authors are informed that the printing of medical and other works, of any size, will be undertaken as above, and every branch of their mechanical execution will receive particular attention. March 29.

VELPEAU'S MIDWIFERY. This day received and for sale by CARTER, HENDEE & BABCOCK—An Elementary Treatise on Midwifery, or Principles of Tokology and Embyology. By Alf. A. L. M. Velpeau, M.D. March 29.

THE NATURALIST. Devoted to Zoology, Botany and Mineralogy, illustrated by Lithographic Prints, edited by D. Jay Browne, aided by distinguished Naturalists, and published monthly by Peirce and Parker, No. 9 Cornhill, Boston. Each number contains 32 octavo pages. Price, Two Dollars a year in advance. March 22.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and he present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.

SAMUEL SMITH, Agent for said Proprietors.
March 1, 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.

NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge. Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By Charles J. B. Williams. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. Beclard, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By Olivier, M.D. Translated from the French, with Notes. By Joseph Togno, M.D., Member of the Philadelphia Medical Society. Dec. 28.

The Boston Medical and Surgical Journal is published weekly, by John Cotton, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *post-paid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for common newspapers.